

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/500679

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	1					
5	1					
6		2				
7		0				
8		0				
9		0				
10		0				
11		1				
12		1				
13		0				
14		0				
15		0				
16		0				
17	1					
18		1				
19		2				
20		0				
21		1				
22		0				
23		0				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		10				
TOTAL CLAIMS	4	10				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS